

14 APR 21 PM 5:57

Office Use Only

**FEC
FORM 3**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
 For An Authorized Committee

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Annette Bosworth MD for U.S. Senate

ADDRESS (number and street)

2601 S. Minnesota Avenue

Suite 105-129

Check if different
than previously
reported. (ACC)

Sioux Falls

SD

57105

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

C C00547539

3. IS THIS
REPORT



NEW
(N)

OR



AMENDED
(A)

SD

00

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

Primary (12P)

General (12G)

Runoff (12R)

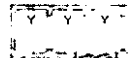


Convention (12C)



Special (12S)

Election on



in the
State of

(c) 30-Day POST-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

in the
State of

5. Covering Period



through



I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Nancy H. Watkins

Signature of Treasurer

Nancy H. Watkins

Date

04

16

2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

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FEC FORM 3
(Revised 02/2003)